

PAGE	1	OF	4
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00490375</span> </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY</span>	

Full Name of Payee <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>02 / 12 / 2016</div> </div>	
Mailing Address 2000 Franklin Street		Amount <div> <div></div> <div>50.00</div> </div>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710195</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>02 / 16 / 2016</div> </div>
Purpose of Expenditure Online Ad		Category/ Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>150.00</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2016	
Mailing Address 2000 Franklin Street		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710196
Purpose of Expenditure Online Ad	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 2016	
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	150.00	District: 00 State: SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	100.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

MM / DD / YYYY